

**Crow Lane Landfill
Complaint Response Report**

ver. 08/09

Date: <u>8-10-09</u>		Time of Complaint: <u>2:05</u>	
Complainant		Response	
Name: <u>Michael Frey/Kleduski</u>	Time: 2:05 <u>2:50 & 3:50</u>		
Address: <u>Low St.</u>	By Name: <u>Austin Mayant</u>		
Odor	YES <input type="radio"/> NO <input checked="" type="radio"/>	(circle one)	
Other: _____	Initial: <u>AM</u>		

Were odors detected during the response? No

Odor Intensity (1-5 scale) N/A Odor Duration: _____

Odor Description/Type: Smelled ~~Hydrogen Sulfide~~ instead of hydrogen sulfide
Sulfur dioxide

Location	H2S Readings During Response				Comments
	14:50	14:50	15:50	15:50	
Corner of Low St + Crow Lane	1.001	1.001	1.001	1.002	
Low St @ firm stand	1.000	1.000	1.000	1.000	

Weather Conditions at time of response: _____

Wind: Direction (From): _____ Speed: _____

Was Perimeter Landfill Survey Performed following the complaint?

YES **NO**
(circle one)